

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:

KUM-110US

First Named Inventor:

Saimani Sundar

COMPLETE IF KNOWN

Application Number:

Filing Date:

March 31, 2004

Art Unit:

Examiner Name:

☐ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

☐ Supplemental
Declaration
(37 CFR 1.67)
I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A PROCESS FOR THE PREPARATION OF POLY (URETHANE-ACRYLIC) COPOLYMER DISPERSION FOR INDUSTRIAL APPLICATIONS

(Title of the Invention)

the specification of which

☐ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ Practitioners at Customer Number **23122**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to conduct all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; OR☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Saimani

Sundar

Inventor's Signature

Date: _____

Residence: City: Tamil Nadu

State:

Country: INDIA

Citizenship: Indian

Mailing Address: Central Leather Research Institute

Mailing Address: Chennai

City: Tamil Nadu

State:

Zip:

Country: INDIA

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Vijayalakshmi		Narasimhan	
Inventor's Signature _____		Date: _____	
Residence: City: Tamil Nadu	State:	Country: INDIA	Citizenship: Indian
Mailing Address: Central Leather Research Institute			
Mailing Address: Chennai			
City: Tamil Nadu	State:	Zip:	Country: INDIA
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Sanjeev		Gupta	
Inventor's Signature _____		Date: _____	
Residence: City: Tamil Nadu	State:	Country: INDIA	Citizenship: Indian
Mailing Address: Central Leather Research Institute			
Mailing Address: Chennai			
City: Tamil Nadu	State:	Zip:	Country: INDIA
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Rajaraman		Ranganathan	
Inventor's Signature _____		Date: _____	
Residence: City: Tamil Nadu	State:	Country: INDIA	Citizenship: Indian
Mailing Address: Central Leather Research Institute			
Mailing Address: Chennai			
City: Tamil Nadu	State:	Zip:	Country: INDIA
<input checked="" type="checkbox"/> Additional inventors are listed on one (1) Supplemental Sheet(s).			

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Ganga		Radhakrishnan	
Inventor's Signature _____		Date: _____	
Residence: City: Tamil Nadu	State:	Country: INDIA	Citizenship: Indian
Mailing Address: Central Leather Research Institute			
Mailing Address: Chennai			
City: Tamil Nadu	State:	Zip:	Country: INDIA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: